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APPLICANTS
 Trevor Garner, Apex, NC;
 William R. Lee, Apex, NC;
 John Kenneth Stacy, Cary, NC;
 Martin W. Hughes, Cary, NC;
 Dennis Briddell, Cary, NC;

**** CONTINUING DATA ******* *MP*

**** FOREIGN APPLICATIONS ******* *MP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MP</i> Initials				

ADDRESS
24267

TITLE
Header range check hash circuit

FILING FEE RECEIVED 852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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